

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

C1/26/2002 MMEKONEN 00000151 10053408

01 FC:201  
02 FC:202

370.00 OP  
42.00 OP

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | 10326-72US KPM/en  |
| First Inventor         | Ronald Peter van Heek et al  |
| Title                  | Improved Kraft Pulp Yield by Heat Treatment of Polysulphide Liquors Generated by Oxidation |
| Express Mail Label No. |  |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 35]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix.  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
5. ☒ Oath or Declaration [Total Pages 4]  
a. ☒ Unexecuted (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. ☐ Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73 (b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☐ Other: \_\_\_\_\_

**18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an application Data Sheet under 37 CFR 1.76:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

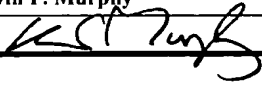
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. ☐ Customer Number or Bar Code Label  ☒ Correspondence address below

**020988**

PATENT AND TRADEMARK OFFICE

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| Country | Telephone | Fax                     |  |

|                   |   |                                   |                  |
|-------------------|---|-----------------------------------|------------------|
| Name (Print/Type) | Kevin P. Murphy   | Registration No. (Attorney/Agent) | 26,674           |
| Signature         |  | Date                              | January 22, 2002 |

|   |      |                          |                             |
|---|------|--------------------------|-----------------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p> |      | <b>Complete if Known</b> |                             |
|   |      | Application Number       |                             |
|   |      | Filing Date              |                             |
|   |      | First Named Inventor     | Ronald Peter van Heek et al |
|   |      | Examiner Name            |                             |
|   |      | Group /Art Unit          |                             |
| TOTAL AMOUNT OF PAYMENT   | (\$) | Attorney Docket No.      | 10326-72US KPM/en           |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
|---|---|--------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|--------------------------|-----|--------|-----|--------|---|--------------|---------|--------------|-----|----------------|--|----------|--------------------|-----|--------|-----|---|--|-----|--------------------|-----|-----|--|--|-----|-------|--------------|-----|---|--|-----------------|----------|----------|----------|--|----------|-----|-----|-----|-----|------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---------------------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|--------------------------|-------|-----|-----|------------------------------------|-----|---|--------------|-----|--------------|--------------------------------|-----------------|----------|----------|----------|----------|------------------|-----|-----|-----|-----|-------------------------------------|-----------------|-----|-----|-----|-----|--|-------------------------------|-----|-----|-----|-----|---------------------------|---|-----|-------|-----|-------|--|---|-----|------|-----|------|--|--|-----|--------|-----|--------|---|---|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|---|-----|-----|-----|-----|--|---|-----|---------------------------|-----|-----|---|--|-----|--|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> <p>Deposit Account Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"> <b>SUBTOTAL (3) (\$)</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> </td> </tr> </tbody> </table> | Large Entity |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                          | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115     | 110          | 215 | 55             | Extension for reply within first month |          | 116                | 400 | 216    | 200 | Extension for reply within second month |  | 117 | 920                | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218          | 720 | Extension for reply within fourth month |  | 128             | 1,960    | 228      | 980      | Extension for reply within fifth month |          | 119 | 320 | 219 | 160 | Notice of Appeal       |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing              |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable                           |  | 141                      | 1,280 | 241 | 640 | Petition to revive - unintentional |     | 142   | 1,280        | 242 | 640          | Utility issue fee (or reissue) |                 | 143      | 460      | 243      | 230      | Design issue fee |     | 144 | 620 | 244 | 310                                 | Plant issue fee |     | 122 | 130 | 122 | 130  | Petitions to the Commissioner |     | 123 | 50  | 123 | 50                        | Petitions related to provisional applications |     | 126   | 180 | 126   | 180                                    | Submission of Information Disclosure Stmt |     | 581  | 40  | 581  | 40   | Recording each patent assignment per property (times number of properties) |     | 146    | 740 | 246    | 370   | Filing a submission after final rejection (37 CFR § 1.129(a)) |     | 149 | 740 | 249 | 370                                    | For each additional invention to be examined (37 CFR § 1.129(b)) |     | 179 | 740 | 279 | 370                                     | Request for Continued Examination (RCE) |     | 169 | 900 | 169 | 900                                    | Request for expedited examination of a design application |     | Other fee (specify) _____ |     |     |   |  |     | <b>SUBTOTAL (3) (\$)</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 105   | 130   | 205          | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 127   | 50  | 227          | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 139   | 130   | 139          | 130          | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520   | 147          | 2,520        | For filing a request for reexamination                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 112   | 920*  | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,840*  | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 115   | 110   | 215          | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 116   | 400   | 216          | 200          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 117   | 920   | 217          | 460          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,440   | 218          | 720          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 128   | 1,960   | 228          | 980          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 119   | 320   | 219          | 160          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 120   | 320   | 220          | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 121   | 280   | 221          | 140          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 138   | 1,510   | 138          | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 140   | 110   | 240          | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,280   | 241          | 640          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,280   | 242          | 640          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 143   | 460   | 243          | 230          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 144   | 620   | 244          | 310          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 122   | 130   | 122          | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 123   | 50  | 123          | 50           | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 126   | 180   | 126          | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 581   | 40  | 581          | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 146   | 740   | 246          | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 149   | 740   | 249          | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 179   | 740   | 279          | 370          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 169   | 900   | 169          | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (3) (\$)</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>  |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b></td> <td>370</td> </tr> </tbody> </table> <h3>2. EXTRA CLAIM FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td>Total Claims</td> <td>- 20**=</td> <td>Extra Claims</td> <td>X</td> <td>Fee from below</td> <td>=</td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 3**=</td> <td>1</td> <td></td> <td></td> <td>42</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b></td> <td>412</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see above</p> | Large Entity  |              | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 740 | 201 | 370 | Utility filing fee | 370                                 | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |                           | 108 | 740 | 208   | 370 | Reissue filing fee |  | 114 | 160 | 214  | 80  | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |     |        |     |        | 370   | Total Claims | - 20**= | Extra Claims | X   | Fee from below | =                                      | Fee Paid | Independent Claims | 4   | - 3**= | 1   |   |  | 42  | Multiple Dependent |     |     |  |  |     |       | Large Entity |     | Small Entity                            |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                               | Fee (\$) | 103 | 18  | 203 | 9   | Claims in excess of 20 |  | 102 | 84  | 202 | 42  | Independent claims in excess of 3      |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84    | 209 | 42    | ** Reissue independent over original patent   |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |       |     |     |                                    | 412 | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"> <b>SUBTOTAL (3) (\$)</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> </td> </tr> </tbody> </table> <p>* Reduced by Basic Filing Fee Paid</p> | Large Entity |     | Small Entity |                                | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)         | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath |                 | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |                               | 139 | 130 | 139 | 130 | Non-English specification |   | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |   | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |   | 115 | 110 | 215 | 55  | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |   | 117 | 920 | 217 | 460 | Extension for reply within third month |   | 118 | 1,440                     | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960  | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3) (\$)</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 101   | 740   | 201          | 370          | Utility filing fee   | 370             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 106   | 330   | 206          | 165          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 107   | 510   | 207          | 255          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 108   | 740   | 208          | 370          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 114   | 160   | 214          | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1) (\$)</b>  |   |              |              |  | 370             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | - 20**=   | Extra Claims | X            | Fee from below   | =               | Fee Paid        |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 4   | - 3**=       | 1            |  |                 | 42              |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent  |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 103   | 18  | 203          | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 102   | 84  | 202          | 42           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 104   | 280   | 204          | 140          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 109   | 84  | 209          | 42           | ** Reissue independent over original patent                                |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 110   | 18  | 210          | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2) (\$)</b>  |   |              |              |  | 412             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 105   | 130   | 205          | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 127   | 50  | 227          | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 139   | 130   | 139          | 130          | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520   | 147          | 2,520        | For filing a request for reexamination                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 112   | 920*  | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,840*  | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 115   | 110   | 215          | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 116   | 400   | 216          | 200          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 117   | 920   | 217          | 460          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,440   | 218          | 720          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 128   | 1,960   | 228          | 980          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 119   | 320   | 219          | 160          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 120   | 320   | 220          | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 121   | 280   | 221          | 140          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 138   | 1,510   | 138          | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 140   | 110   | 240          | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,280   | 241          | 640          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,280   | 242          | 640          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 143   | 460   | 243          | 230          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 144   | 620   | 244          | 310          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 122   | 130   | 122          | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 123   | 50  | 123          | 50           | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 126   | 180   | 126          | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 581   | 40  | 581          | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 146   | 740   | 246          | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 149   | 740   | 249          | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 179   | 740   | 279          | 370          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| 169   | 900   | 169          | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (3) (\$)</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>  |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                          |     |        |     |        |   |              |         |              |     |                |  |          |                    |     |        |     |   |  |     |                    |     |     |  |  |     |       |              |     |   |  |                 |          |          |          |  |          |     |     |     |     |                        |  |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |   |  |     |     |     |    |  |  |                          |       |     |     |                                    |     |   |              |     |              |                                |                 |          |          |          |          |                  |     |     |     |     |                                     |                 |     |     |     |     |  |                               |     |     |     |     |                           |   |     |       |     |       |  |   |     |      |     |      |  |  |     |        |     |        |   |   |     |     |     |     |  |  |     |     |     |     |   |   |     |     |     |     |  |   |     |                           |     |     |   |  |     |  |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |

|                   |                 |                                   |                  |                          |             |
|-------------------|-----------------|-----------------------------------|------------------|--------------------------|-------------|
| SUBMITTED BY      |                 |                                   |                  | Complete (if applicable) |             |
| Name (Print/Type) | Kevin P. Murphy | Registration No. (Attorney/Agent) | 26,674           | Telephone                | 514847-4293 |
| Signature         |                 | Date                              | January 22, 2002 |                          |             |